

Medicaid & Exchange Advisory Committee
Meeting Minutes
January 25, 2020

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Committee Members Present

Jessa Barnard
Yacouba Jacob Bogre
Lisa Draper
Mike Fisher
Jordan Giaconia
Devon Green
Dale Hackett
Rebecca Heintz
Sharon Henault
Zachary Hozid
Gladys Konstantin
Helen Labun
Joan Lavoie
Erin Maguire
Gustavo Mercado Muñiz
Kirsten Murphy
Jamie Rainville
John Schultz
Sarah Teel
Julie Tessler
Jason Williams

DVHA Staff Present

Amy Coonradt
Alicia Cooper
Zachary Goss
Cory Gustafson
Sandi Hoffman
Adaline Strumolo
Shannon Mead
Jessica Ploesser
Nissa James
Molly Sweeney

Other Interested Parties

Daisy Berbeco
Lucie Garand
Sarah Hahn-Du Pont
Betty Morse
Sarah Peterson
Cynthia Seivwright

*This meeting was held by conference call only.

Documents

- Advisory Committee 1_25_21 Agenda.pdf
- Advisory Committee PPT 1_25_2021.pdf

All are posted to the [Vermont Health Connect website](#).

Convene

Erin Maguire and Devon Green chaired the meeting.

Roll Call, Introductions and Quorum

Zack Goss, Health Care Training and Communication Manager (DVHA)

A quorum was present.

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Approval of Minutes

Erin Maguire and Devon Green (Co-Chairs)

November 2020 meeting minutes were approved.

Open Enrollment for Health Coverage in 2021

Molly Sweeney, Health Care Access Eligibility and Enrollment Director (DVHA)

Please see: Advisory Committee PPT 1_25_2021.pdf slides 4-8.

Feedback:

- Encouragement to market new Special Enrollment Periods widely when available
- Increased clarity on the demographic nature of the data—does data indicate health equity?
- Federal financial aid added a level of eligibility complexity this year

APTC 2020 Tax Risk – BCBSVT Solution

Rebecca Heintz, BlueCross BlueShield of Vermont (BCBSVT)

- Advance Premium Tax Credit (APTC) is a tax credit against future taxes for the months that a customer purchases insurance coverage [through the Exchange]
- A customer is only entitled to the APTC if they have paid their portion of the premium
- Because advance tax credits are paid ahead of time, customers can experience a financial consequence at tax filing if they have not paid their portion of the premium amount (they would not be eligible for tax credits and would be responsible for the entire premium amount for the months they did not pay).
- BCBSVT suspended dunning process during the public health emergency (PHE) period and **customers were not terminated for non-payment** [of their premium amount]
- At the end of 2020, there were some customers who had 1) not paid their monthly premiums and 2) had not been terminated for non-payment due to the BCBSVT policy due to the PHE.
- BCBSVT decided to retroactively terminate all customers who had not paid premiums, back to their “paid-through date” and BCBSVT will not recoup any of the claims amounts that customer incurred during that time (the customer will not be financially responsible for any claims submitted to BCBSVT during this time).
- BCBSVT notified these customers that their coverage would be terminated at the beginning of 2021.
- BCBSVT worked with DVHA to create a BCBSVT special enrollment period for 60 days beginning the date of the notice. These customers are not be responsible for the unpaid premium payments from 2020, but to reinstate, they would be responsible for a “binder payment” equal to one month’s premium amount.
- In 2021, customers will have the have regular dunning [for non-payment] as to avoid this situation again.

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Commissioner's Update

Cory Gustafson, Commissioner (DVHA)

Budget Adjustment Act – Occurs every year halfway through fiscal year.

For more detailed information view: [January 22, 2021 House Committee on Health Care Testimony: DVHA FY21 Budget Adjustment](#)

- Increased enrollment in Medicaid program
- Utilization trends have been disrupted, showing declines in per member per month costs
- Due to increased caseload and total utilization, Medicaid program budget will spend additional ~\$8 million gross (~\$2.5 million state dollars)
- The \$2.5 million dollar increase has been offset by the 2019 ACO OneCare reconciliation that was paid to the Department of Vermont Health Access in January of 2021.

Addie Strumolo, Deputy Commissioner (DVHA)

Medicaid Updates

- Extension of federal public health emergency continues to govern much of the work at this point in time.
- During public health emergency, states are receiving an increase of 6.2% in federal match of Medical dollars. With this, states are required to keep customers enrolled in Medicaid coverage (i.e., they generally cannot be terminated).
- To ensure customers are not terminated from Medicaid during the public health emergency the Department is allowing customers to self-attest their income levels when they apply, not requiring income noticing and verification, not performing monthly renewals or redeterminations and only terminating coverage upon customer request.
- There is an increase in caseload of approximately 16,000 “new t in large part due to non-termination as a result of to the pandemic. This results in the State of Vermont developing significant backlogs.
- The Biden Administration has indicated intention to likely extend the public health emergency until the end of the year.
- The Trump Administration did address some changes that can be processed during the public health emergency. (This does help backlog management to some degree.) Still cannot terminate coverage but can now move customers between certain coverage groups. SOV is taking a slow approach to rule change implementation because of the new Administration’s potential to roll back these changes.
- Medicaid enrollment expected to continue to grow.

Stimulus Payments & Medicaid Eligibility

- Stimulus checks are not countable income [should not impact eligibility]
- Some of the enhanced unemployment benefits do count for some programs, not for others (e.g., not countable for Medicaid but is countable for Qualified Health Plan (QHP) financial assistance.)

Exchange

- Vermont’s Health Benefit Exchange is integrated: one door for [income based] Medicaid and QHPs.
- Expecting activity from Biden Administration regarding QHPs and potential for:

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- Discussion about opening a special enrollment period on the federally-facilitated Exchange for uninsured individuals.
 - Enhancement to subsidies
- Loss of employer sponsored coverage (ESI) is a qualifying event that always opens a Special Enrollment period
- For the first time since the inception of the exchange, SOV has revamped the contracts with issuers (now called participation agreements)
- Premium processing transition: DVHA will be transitioning away from QHP billing. Beginning in 2022, DVHA will be removed from the QHP billing process and bills will come directly from the carrier. By law, DVHA is required to perform the current billing related duties. Subsequently, DVHA will be pursuing legislative language incorporated into the “housekeeping” bill this year, to authorize this transition. DVHA will also need to revise the eligibility and enrollment rules (HBEE rules) that govern the billing process.

Ashley Berliner, Director of Policy (DVHA)

- Global Commitment 1115 Waiver set to expire at the end of 2021 unless State of Vermont applies for an extension.
- The extension application deadline must be submitted by June 30, 2021 (extended by six months due to the COVID-19 public health emergency).
- DVHA will be posting waiver application for 30-day public comment period prior to submitting the renewal request as well as two public forums for official comments.
- The Agency of Human Services request will drive towards:
 - Transformation of Vermont’s Medicaid program to value-based payment arrangements across the full continuum of care;
 - Transformation of delivery systems and promoting meaningful integration of Mental Health, Substance Use Disorders and Physical Health with coordinated care and case management with a strong focus on social determinants of health;
 - Promotion of public health infrastructure, including primary prevention and early intervention efforts that support all Vermonters;
 - Increasing access to quality health care for the uninsured, underinsured and Medicaid Beneficiaries.

In advance of drafting formal renewal request, open meeting will be held on February 25, 2021 to hear from stakeholders. The Department will share the meeting information with the Committee. The public forum regarding the 1115 Waiver is intended to solicit feedback from the Advisory Committee and stakeholders to go beyond the required 30-day review window.

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Public Comment

No public comment.

A member requested the Non-Emergency Medical Transportation program's public transportation medical exemption application be shared with the Committee; that document is located at:

<https://dvha.vermont.gov/sites/dvha/files/documents/providers/NEMT/Public%20Transportation%20Medical%20Exemption%20Application%201.1.19.pdf>

In addition, a member asked what changes have been implemented under the Non-Emergency Medical Transportation program in response to the COVID_19 public health emergency. This information was presented at a public meeting of the Clinical Utilization Review Board and is reported on page 11 of the legislative report available at:

https://legislature.vermont.gov/assets/Legislative-Reports/CURB-Annual-Report-15-January-2021_DVHA_FINAL.pdf

Adjournment

The meeting was adjourned at 11:48 AM.

Next Meetings

February 22, 2021

March 22, 2021

Time: 10:00AM – 12:00PM

Site: Meetings will be convened through *Microsoft Teams* due to the State of Emergency produced by COVID-19 until further notice.

Please visit the Advisory Committee website for up-to-date information:

http://info.healthconnect.vermont.gov/advisory_board/meeting_materials

Additional Information:

<https://dvha.vermont.gov/covid-19>